

TRANSCRIPT ORDER

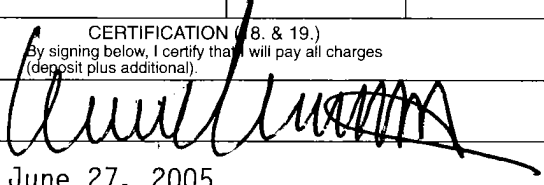
Read Instructions on Back.

1. NAME HOWARD TRAPP INCORPORATED		2. PHONE NUMBER (671) 477-7000		3. DATE July 27, 2005	
4. MAILING ADDRESS 200 Saylor Building; 139 Chalan Santo Papa		5. CITY Hagatna		6. STATE Guam	
8. CASE NUMBER CR 05-00039-004		9. JUDICIAL OFFICIAL		7. ZIP CODE 96910	
12. CASE NAME USA vs Sean Michael Cole		10. FROM		11. TO	
		13. CITY Hagatna		14. STATE Guam	
15. ORDER FOR <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> CRIMINAL <input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> NON-APPEAL <input type="checkbox"/> CIVIL <input type="checkbox"/> IN FORMA PAUPERIS <input type="checkbox"/> OTHER (Specify)					
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)					

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/> VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)			
<input type="checkbox"/> OPENING STATEMENT (Defendant)			
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input checked="" type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)		Motion for continuance of trial.	July 1, 2005
<input type="checkbox"/> OPINION OF COURT		<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> JURY INSTRUCTIONS			
<input type="checkbox"/> SENTENCING			
<input type="checkbox"/> BAIL HEARING			

17. ORDER

CATEGORY	ORIGINAL (Includes Free Copy for the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES		FILED DISTRICT COURT OF GUAM JUL 27 2005 MARY L.M. MORAN CLERK OF COURT
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		

CERTIFICATION (8. & 19.)
By signing below, I certify that I will pay all charges
(deposit plus additional).18. SIGNATURE

19. DATE
June 27, 2005

ESTIMATE TOTAL

PROCESSED BY

PHONE NUMBER

COURT ADDRESS

TRANSCRIPT TO BE PREPARED BY

ORDER RECEIVED
DATE 7/27/05 BY Wm

DEPOSIT PAID

DEPOSIT PAID

TRANSCRIPT ORDERED

TOTAL CHARGES

TRANSCRIPT RECEIVED

LESS DEPOSIT

ORDERING PARTY NOTIFIED
TO PICK UP TRANSCRIPT

TOTAL REFUNDED

PARTY RECEIVED TRANSCRIPT

TOTAL DUE